12. BIRTHPLACE (city or town FATHER

14. BIRTHPLACE (city or town)

(State or country)

(State or country) MOTHER 15. MAIOEN NAME

(Address) 18. BURIAL, CREMATION.

19. UNOERTAKER (Address)

Nature of Injury 24. Was disease or Injury in

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicide?\_\_\_\_\_ Oate of Injury\_\_\_\_

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

What test confirmed diagnosis?

Where did injury occur? \_\_\_\_.

Manner of injury

If so, specify

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 7	1 year
		,-	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Corefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement properly classified. TION is very important. See instructions on back of certificate. be mation should the carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINER

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(131)	
County Montgonery	Registration Dist. No. 214	
Village or City County Road mear Lay y	ielapina. st.	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and num isds. How long in U.S. if of foreign birth?yrsmos,	
	Value and the state of the stat	
2. FULL NAME Frank Bortag	A. W. I	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7
male white unknown	(Day)	93 (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That i ettended dec	
(or) WIFE of Undersour	June 4, 1933, to Select 4	193 Z
6. DATE OF BIRTH (month, day, and year) Underser	Hast saw h alive on	leath is sald
7. AGE Years Months Days If LESS than	to have occurred on the deta stated ebove, at. 2-45 Jm.	
about 81 -   1 dey,hrs	mere as follows.	
8 Trade profession or particular		Date of onset
SAWYER, BOOKKEEPER, etc.	Thronic Myscardit	1922
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data decessed last workad at this occupation (month end		1
10. Data decesed last worked at this occupation (month end spent in this		
this occupation (month end spent in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importanca:	
(State or country)	- Cucruce phatis	1928
13. NAME	anternalem.	1926
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation	
(State of country)	Whet test confirmed diagnosis? Was there an au'o	psy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town	Accident, sulcide, or homicide? Date of injury	., 19
	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Colice Steadquaxtore	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury	
Place almohousa Contengue Capt 12, 1933	Nature of injury	
19. UNDERTAKER Waxner E. Pumbheeu	24. Wes diseasa or injury In eny way related to occupation of deceased?	10
(Address) Reclarico mado	If so, specify	0
20. FILED & Pat 11 , 1933 3 8. 10 addy 50	(Signed) A. R. Hayner	M. D.
Registrar.	(Address) feliger friesg.	MA
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

Y. PHYSICIANS Exact statement

stated EXACTLY.

See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

of OCCUPA-

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 09160
1. PLACE OF DEATH	(31)
County Monlgony kur	Registration Dist. No. 2/3
Village or City May Polyman	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darah To. 1 Dro	week
(a) Residence: No. Near Vana (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Servale while OR DIVORCED (write the word)	September 9 1933
56. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Thet lettended deceased from
Jevyo 111. I Scaves	march, 19/93, 10 Sept. 9, 1933
6. DATE OF BIRTH (month, day, end year)	I last saw h 22 alive on Sept 8, 1933; death is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
83 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Cardio-Vuscular
SAWYER, BOOKKEEPER, etc.	renal disease
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	
10. Date decessed lest worked et 11. Total time (years)	
this occupation (month and spent in this occupation year)	
12. BIRTHPLACE (city or town) A Carryland (State or country)	Other Contributory Causes of importance:
<b>E</b>	
[4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	What test confirmed diegnosis?
I CONTRACTOR OF CONTRACTOR	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs. may & Clicke (Address) OFD 21 Crepared med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manage of Jalury
Place Tolomas - ma Date Stat 12, 1933	Menner of injury
19. UNDERTAKER Won Puntonger	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Rochaella Thiel	If so, specify
20, FILED 9/12 1933 Mrs. U.T. Pract	(Signed) I Hartley pp M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SE	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	AN
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ARGIN RESERVED FOR BINDING

NFADING

carefully supplied.

mation should be

-WRITE PLA

B.

TION is very important.

	F MARYLAND-	CERTIFICATE OF DEATH 09161
County Village or City  Length of residence in city or town where de	5 (7)	Registration Dist. No. 223  No. 80 4 Abover and St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 804 71	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (white the word)	21. DATE OF DEATH Sephember 4, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (cr) WIFE of August 2006.  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days If LESS than 1 day,	1 I last saw h 200 alive on 200 alive on 1933 ; death is said to have occurred on the date stated above, at 200 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this	Denile Dementia. With arteris delension
(State or country)	tres Maire Brock-	Other Contributory Canses of Importance: We phintes
14. BIRTHPLACE (city or town) (State or country)	aktuld maine	Name of operation Date of What test confirmed diagnosis? Clurical Hadwas there an autopsy? M.
15. MAIDEN NAME Marka  16. BIRTHPLACE (city or town)  (State or country)	ass.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?

(State or country)

17. INFORMAN (Address)

19. UNDERTAKEI

Registrar.

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

If so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ARGIN RESERVED FOR BINDING

NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITT

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE	OF	MARYL	AND-	-CERTIFICATE	OF	DEATH	09168
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1. PLACE OF DEATH	93.50
County Moulgoning	Registration Dist. No. 2/7
Village or City Brokevelle	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street end number)
$\mathcal{L}$	s. dQ ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Dana Virginia	Drowning
(a) Residence: No. Ollver Shriftys (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
truale while OR DIVORCED (write the word)	DEFOT 4 193.3
5a. If married, widowed, or divorced	(Month) (Dáy) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DO 211850	- Tray 11 , 1932, to Left 3 , 1933
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Sept 3 , 193 3; death is said
7. AGE Years Months Days If LESS then 1 day,hrs,	to have occurred on the date stated above, at \( \Omega \dagger 4.17 \tag{7.4}.
/3 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and	( Sume myocardiles
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Mausland	Chanic mycardia
(State or country)	Citanoscleropia
13. NAME William Browning	
13. NAME Orlland Browning 14. BIRTHPLACE (city or town) Manyland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Collen Lawrence	23. If death was due to external causes (VIOLENCE) filf in also the following:
15. MAIDEN NAME Collen Lawrence  16. BIRTHPLACE (city or town) — Manyland — (State or application)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT JS. Wom. Co Harper	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Selver springs Mich	
18. BURIAL, CREMATION, OR REMOVAL Place Subt 6 1935	Menner of injury
In PIPI	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKERUM. ALLOW UMPHULY (Addiess) Rochwelle Mrs	If so, specify
1115 00 010	(Signed) I sadol Rod M.D.
20. FILED DIAN 3 1933 A. J. Armsley Registrar.	(Address) 4323 Wissens Rul
4	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AF / HD | V: -1 ... | 8 / L. | 72.4.41 | H. |

STATE OF MARYLAND—	CERTIFICATE OF DEATH #9163
1. PLACE OF DEATH	
County moulamen	Registration Dist. No. 2//7
Village or City Olicen Mid	And mosely Co Gen Hord tal Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number)
71. 711 .1 01	)
2. FULL NAME Winer Westley Ch	and the same of th
(a) Residence: No. Jaille Will place of a lode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOIT OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colored Single (write the word)	Seplember 19, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from September 19, 1933, to September 19, 1933.
6. DATE OF BIRTH (month, day, and year) Isely 26 1922	I last saw him alive on September 18, 19 33 death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 3:30 A.m.
11 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, p:ofession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Seksal	Tanasa o hastas li ala
2 Industry or business in which	Immal-paulonelis 9/16/3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dato deceased last worked at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town) Germanian	Other Contributory Causes of Importance: appysen heales
(State or country) months Co. M.	Jan assum Valida 9/14/5
13. NAME Oscas Chase	-3
14. BIRTHPLACE (city or town)	Name of operation. Surraity are Date of 9/18/33
(State or country) Maryland	What test confirmed diagnosis? Ofse Was there an au'opsy? HJ
I 15. MAIDEN NAME SORAL Tressages	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cases burg.	Accident, suicide, or homicide?
State or country)	Where did Injury occur? 227
New to Base	(Specify city or town, county and State)
17. INFORMANT Parfeille Celorido	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury hm
Place Assert Hell Date Sept 21, 1933	Nature of Injury 2000
90 J J El 1	44
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
0 + 19 -3 OPA	(Signed) M. D.
20. FILED Sept. 1.1., 19.3. STOOM Stygistrar.	(Address) Lauly Spring, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURYAH V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—C	CERTIFICATE OF DEATH 09164
County Monlymens County Willage or City Jakoma Park	Registration Dist. No. 223
(If o	NO. —
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winche word)	21. DATE OF DEATH Sept 2/ 193 53 (Mohth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. SI HEREBY CERTIEY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 21, 1933 7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at 8.24 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onse  Toppinglien Separation  A placeula to some  where as doubt to some  musual exerting mother  Other Coatribatory Causes of importance: The labor
12. BIRTHPLACE (city or town) May and (State or country)  13. NAME Marion W Chim	
13. NAME THANK WOMM  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Horisa 3 annes 16. BIRTHPLACE (city or town). Gracy City Zenne.  (State or country)  17. INFORMANT Mr. Warion, W. Cehimu	23. If death was due to external causes (ViOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) 25 15 Bot St. Wash. D. Pa.  18. BURIAL, CREMATION, OR REMOVAL Place Lash. D. Date Supt 22, 1933	Manner of injury
19. UNDERTAKER Marley W Hysong Co. (Addiess) 1300 N. St. N. U.C. 20. FILED Sept 21, 1933 H. E. Rogers.	24. Was disease or injury in any way related to occupation of deceased?  if so, specify  (Signed) A auxilla E Kless A.M.
Registrar.	(Address) 705 Carroll all Jakong 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of evilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Perilonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

		OF MAR	YLAND-	CERTIFICATE OF DEATH	09165
1. PLACE OF DEAT			-	186-0	h
County Dan	yone	uy p		Registration Dist. No	
Village or City(_	doney	mg		No. Morty Co Jen. Hugh	St.,Ward
Length of residence in city	or town where	death occurred	yrsmos	2-ds. How long in U. S. if of foreign birth?yrs	ds.
2. FULL NAME	Idela	ride	Com	el	
(a) Residence: No/	neth	Home		Thesis hursgard. M	
PERSONAL AND	STATIST	(Usual place		II nonresident give city or MEDICAL CERTIFICATE OF DE	
1	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	AIH
Jemala Lux	in in	OR DIVORCE	D (write the word)	Sest 7	193_3
5a. If marriad, widowed, or divorce HUSBAND of		8		(MoAth) (Day)	(Year)
(or) WIFE of			E-E-L	22. I HEREBY CERTIFY, That I	
6. DATE OF BIRTH (month, day, a	and year)	ه فنعط	1.1854	I last saw has alive on Selt 7	.7, 19.2.3. ,19.3.3; death is said
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 6:30 Pm.	, 100 - J , Geoth 15 Said
79	4	16	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importa ware as follows:	
8. Trada, profession, or part kind of work dona, as SAWYER, BOOKKEEPE	ticular s SPINNER,	0 +.		,	Date of onset
- SAWTER, BUURREEPE	which	Ketire	٠	trachure of nech of lift	
9. Industry or business in w work was done, as SIL SAW MILL, BANK, atc	LK MILL.			ferrus 1	9-4:33
- I this occupation (month	ad et h and	spa	ima (years) nt in this	Due to a fall, on floor of her	and to
yaar)		Ocor	upation	Othar Contributory Causes of Importanca:	7
12. BIRTHPLACE (city or town) (Stata or country)	Mari	D = = 4			
E 13. NAME SOME		mall		mvek	9-7-3
13. NAME TO TOWN	_			Name of operation	Date of
(Stata or country)	Tens	enouse		What test confirmed diagnosis? Xxxxx Was t	
15. MAIDEN NAME	exine	Stood J	lobbo	23. If death was dua to external causes (VIOL ENCE) fill in also the	
15. MAIDEN NAME (15. BIRTHPLACE (city or town				Accident, suicida, or homicida? Date of injury	y, 19
(State of country)		nown		Whera did Injury occur? (Specify city or town, county	and State)
17. INFORMANT	Let 3	one R	ecorda	Specify whathar injury occurred in INDUSTRY, In HOME, or In PU	BLIC PLACE.
18. BURIAL, GREMATION, OR REA	HOVAL	0	<b>.</b>	Mannar of injury	
Placa Lenuone Co	motor	Date Dep	t. 10 19.33	Nature of injury	
19. UNDERTAKER LUXUE	العد الا	Pump	Reey	24. Was disaasa or injury in any way related to occupation of dece	ased?
(Addrass) Rock	22 0	und	. 0	If so, spacify	
20. FILED 1. 19.	00 6.	1.150	Maley Registrar.	(Signad) Le Association (Address) Jack Land	mdM. D.
	If more	blanks are needed. a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	rng

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Company with a state of	

V. S. No. 1

1. PLACE OF DEATH		163			-
County francy only			Registration	Dist. No.	3
Village or City		No. (If death occurred in a horpital or inst			nd number)
Length of residence In city or town where death occurred	yrsm	osds. How long in U.S.i	f of foreign birth?	yrs	_mos
(a) Residence: No.	Cookel e of abode)	St., Ward.	If nonresident	give city or town	and State
PERSONAL AND STATISTICAL PART		MEDICAL	CERTIFICATE		
I OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	CLOVO -	12 -	193 3
a. If married, widowed, or divorced	rued.	-	(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of		22. HEREE	Y CERTIF	Y, That I attend	led deceased fro
DATE OF BIRTH (month, dey, and yeer)	2,18.99	I last saw h elive on	reib -		; death is sa
AGE Years Months Deys	If LESS than	to have occurred on the date st		1/	
34 3 12	1 day,hr:	The PRINCIPAL CAUSE OF DE were as follows:	ATH end related ceus	es of Importence	Date of ons
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.			f		Date or ons
	uf E	- much	Tenelung.	arnita)	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0				
SAW MILL, BANK, etc	time (voers)	- frelience	atuin		/
time deed patron (months and	time (years) ent in this cupation	y sed	y cour	ald l	4. 4.9
, , , , , , , , , , , , , , , , , , , ,		Other Contributary Causes of in	nportance:		10.11
2. BIRTHPLACE (city or town) (State or country)				~~~~~	
	1				
14. BIRTHPLACE (city or town)	cre.		( > L . D		
14. BIRTHPLACE (city or town)		Name of operation	-	Date of	f
(State of country)	,	What test confirmed diagnosis?		Was there a	an autopsy?
16. BIRTHPLACE (city or town)	asson	23. If death was due to external			
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	1.	Date of injury 2.	-11-, 193
(State or country)		Where did injury occur?			
7. INFORMANT Describe Topk	ie -	Specify whether injury occurred	(Specify city or I in INDUSTRY, In HO	town, county and S ME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION, OR REMOVAL	1	Menner of Injury			
Place 410 Calza offer Date Se	1.15 ,193				
9. UNDERTAKER Lieung Of umpha	ey.	24. Wes diseese or Injury In any If so, specify	wey related to occupa	ation of doceased?	K2-1
0. FILED 9/15 1933 ma. W.J.	Prace	(Signed) (Address)	× ///	elles)	M. M.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSIC	IAN
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OCCUPA-

WRITE

mation

OF

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Montg County Registration Dist. No. Village or City Germantown NO. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence In city or town where death occurred\_\_\_\_ 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH Male OR DIVORCED (write the word) White 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days ff LESS than to have occurred on the date stated bove, at **I88I** I day, ....hrs. 52 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. were as follows: Date of enset 8. Trade, profassion, or particular kind of work done, as SPINNER, OCCUPATION Laborer SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .... ( andener 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month end year) \_\_\_\_\_ occupation \_\_\_\_ instructions Other Contributory Canses of importance: 12. BIRTHPLACE (city or town) .... (State or country) Addison Dodd 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) MOTHER Loutrecia Thompson important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town)\_ Accidant, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_, 19\_\_\_\_ (State or country) Whera did injury occur?\_\_\_\_\_ Dodd (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury LION 24. Was disaasa or Injury in any way related to occupation of daceasad?... 19. UNDERTAKER ...... Rpnest (Addrass) If so, spacify (Addrass) \_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting U. S. No. 1.

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ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09168
1. PLACE OF DEATH	50
County Montgomesy	Registration Dist. No. 2/6
Village or City ABethaela	No. 4524 Stanford St of Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME CAMPULE Summer	49
(a) Residence: No. Betherda	St., Ward.
(Usuai place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	Deptember / 1023
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Courence of Deenming.	22. I HEREBY CERTIFY, That I attended deceased from
+ 1 C 10711	May 24, 1933, 10 Sept 1, 1933
6. DATE OF BIRTH (month, day, and year) Feb. 8. 18/4	i last saw h alive on sept. 1933, daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3 15 Pm.
J / 6 23 ormin.	The PRINCIPAL CAUSE OF DEATH end raleted causas of importance wera es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Date of onsat
SAWYER, BOOKKEEPER, atc. State Sulfield	Carcinoma of left
S. Hate, Polassion, of particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked et this occupation (month and	Treagt - metastasis
10. Data deceased last worked et 11. Total time (years)	to left lung
this occupation (month end spent in this occupation	4
12. BIRTHPLACE (city or town) Sanula.	Other Contributory Conses of Importance:
(State or country)	Juliuseasy Hemorrhag
13. NAME Xolert Sandy.	<i>U</i>
13. NAME Xolor Sandy.	Name of operation Date of
(State or country) Langely.	W
15. MAIDEN NAME Laufes	what test confirmed diagnosis? A. Wes there an au'opsy? 23. If death was due to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
(Stete or country) Canala	Whare did injury occur? Date of injury, 19
17. INFORMANT M. Saurena S. Dunming.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 4524 Stanford At Cold and	openi, michiel migaly occasion in industria, in nome, or in rubble flace,
18. BURIAL, CREMATION, OR REMOVALE	Manner of injury
Place Mergerlen De Date Stpl. 4, 1933	Nature of injury
19. UNDERTAKER Tarner & Jumphrey.	24. Was disease or injury in any wey related to occupation of decaased?
(Addrass) Portralls	If so, spacify
20, FILED Set 3 1933 B. C. Rerry Md	(Signad) 8. a. a. Dunn M. D.
Registrar.	(Addrass) 6950 Thic are Betheoda W.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Annual Control	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

DEATH in plain terms, so that it may

be carefully supplied.

certificate.

Jo

See instructions on back

TION is very important.

CAUSE mation -WRIT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

of OCCUPA-

Exact statement

WITH UNFADING INK-THIS

STATE OF	MARYI AND-	CERTIFICATE OF DEATH	0160
1. PLACE OF DEATH	MANILAND	CERTIFICATE OF BEATTI	2103
County Montgomer		2.3)	2/3
	10.110	Registration Dist. No.	
Village or City Table 1	smur (1)	No. St f death occurred in a hospital or institution, give its NAME instead of street	Ward
Length of residence in city of town where death		sds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME / LILLER	Danley.		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	n and Sinte
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 9 26 (Month) (Day)	, 193 <u>3</u> (Year)
Sa. If married, widowed, or divorced HUSBAND of		,,,,,,,, .	(1681)
(ar) WIFE of Ida Corley		22. HEREBY CERTIFY, That I atte	nded deceased from
DATE OF BIRTH			33; death is said
AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at. 7.	death is said
62 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	ormin.	Were as follows:	Sate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	freel	TT 0	nous
9. Industry or business in which work was done, as SILK MILL.	2 - 2.1	( )	1
SAW MILL, BANK, etc.	rmer		
Date deceased lest worked at this occupation (month and	11. Total time (years) spant in this	,	
year)	occupation	Other Coutributory Causes of importance:	
IZ. BIRTHPLACE (city or town)		and a	4
1	2. 12.1	Chumo turo conditio	unprun
13. NAME Cline &	priey.	<b>10</b>	
14. BIRTHPLACE (city or town)		Name of operation Date	of
(State or country)	RI-	What test confirmed diagnosis? Wes there	a an au'opsy?
15. MAIDEN NAME Sarrel	olacp	23. If death was due to external causes (VIOLENCE) fill in also the foll	owing:
16. BIRTHPLACE (city or town)	/	Accident, suicide, or homicide? Date of injury	, 19
7. INFORMANT	Esteria	Where did injury occur? (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	d State) C PLACE.
(Address) Yachill	LEATHH 5		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of injury.

(Signed)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PL

V. S. No. 1

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (19)	70
stat UPA	1. PLACE OF DEATH	(46)	6
OCC	County Moulgourery	Registration Dist. No. 217	
-	Village or City Dela okeville, md.	NoSt.,	Ward
0	(If Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and many death of the death of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution, give its NAME instead of street and many death occurred in a horpital or institution in the street and many death occurred in the stree	
ement	to a Ca	1	2
statement	2. FULL NAME + lorence C. Cle	hison.	
rsi	(a) Residence: No 2.5 Manylaced and Jack	If nonresident give city or town and	State
PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seplember 25	, 193 3 (Year)
l I I	5a. Married, widowed, or divorced HUSBAND of		
assifi	(or) WIFE of Frank C. Etchison	22. I HEREBY CERTIFY, That i attended Sept. 4 19 33 to September	deceased from
40.	0	Hast saw here alive on Se plendin 2419.33	double cold
stated E properly certificate	6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Pays  1 If LESS than	to have occurred on the date stated bove, et 11:457m.	, death is sain
stated properl	1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	201
_	8. Trade, profession, or particular	were as follows:	Oate of onset
be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.		17.00
should it may n back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		
0	SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 1932)  year)  11. Total time (years)  spent in this  occupation  occupation		
AGE that ions o	year) Leavy	Other Contributory Canocs of importance:	
so	12. BIRTHPLACE (city or town) The live to cerety,	Careinoma of lever	8/1/32
ms, stru		0	
supplied n terms, ee instr	<b>E</b>	" " noral	
sin t See	(State or country)	Name of operation	
efully supplied. in plain terms, ant. See instru	15. MAIOEN NAME Ruth Tharlield	23. If death was due to external causes (VIOLENCE) fill in also the following	
	15. MAIOEN NAME Suth Tharfield  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury	
be car EATH import	(State or country) Maryland.	Where did Injury occur?	
	17. INFORMANT My Frank C. Telison (Address) Garthersburg Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	CE.
should E OF D is very	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
ISE N is	Place Lathersling Mid Date Vapet 28, 1933	Nature of Injury	
mation s CAUSE TION is	19. UNDERTAKER Warne & Cumphrey	24. Was diseese or injury In any way related to occupation of deceesed?	20
	(Address) (Racksullo, Md.	If so, specify	
F	20. FILED Sept. 26, 19.33 @ S. Barnely	(Signed) Saledy Spring	md. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requestry V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate. F DEATH in plain terms, so that it may be

hould be carefully supplied.

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PHYSICIANS should state

Exact statement of OCCUPA-

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09171
1. PLACE OF DEATH	90
county Montgomery	Registration Dist. No. 214
Village or City & ila Shring	No. 8 911 Co-leavelle Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. 2_mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizabeth Fin	sher
(a) Residence: No. 8 9/1 Coles vella Revail, The (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 13  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND of Golin Robinson Fisher (or) WIFE of John Robinson Fisher	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on Seft, 1933; death is said
7. AGE Years Months Days IT LESS than	to have occurred on the date stated above, at 7.2.300m.
5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular 71 A / / A/	Berebral astrioscleros; 1928
kind of work done, as SPINNER, torrected the SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recreation (ment) and this preparation (ment) and the same of the	
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Pittsburgh	Other Contributory Ganses of importance:
(State or country)	Similary
E 13. NAME LE TO 2 2 DE TOTAL	
13. NAME Group Carbons 14. BIRTHPLACE (city or town) Catholic (State or country)	Name of operation Date of
- AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chia Harley  16. BIRTHPLACE (city or town)  Control or country  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs. Blanched Fr. Gearing. (Address) 8911 Culturally Direction	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Pottstey Pa. Date 9, 15, 1933	Nature of injury
A Prince have	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER Tangles of Manuay.	If so, specify
	(Signed) 74. H. Thavlett on M. D.
20. FILED Septe 14 , 193 To Wadles	GAY OP'S FLATE Pelare Talangle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SIAUE	LOIL	LORINGE	DIVITINITATIO	DI	LILIBIOIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town Where death occurred How long in U.S. if of foraign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORCED (write the word) (Month) (Day) 5a. If marriad, widowad, or divorcad HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at ... I day, ....hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. wera as follows: 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc .... IO. Date deceased last worked at II. Total time (years) this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER I3. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ----- Was there an autopsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOXAL Manner of injury

(Year)

Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signad)

(Address)

24. Was diseasa or injury in any way ralated to occupation of decaasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory eauses of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19173
1. PLACE OF DEATH	97
County Mongomery	Registration Dist. No. 2(2
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occorred_/mos	ds. How long in U.S. if of foreign blrth?mosds.
2. FULL NAME Comma Heley Hop	Rus
(a) Residence: No. / Les Strug (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Sept 27, 193 3 (Year)
HUSBAND of (or) WIFE of Levi Hopkins	22.   HEREBY CERTIFY, That   ettended deceased from
DATE OF BIRTH (month, day, end yeer) abril 15, 1868	I last sawh & elive on Sh. 2. 7 19.33 deeth is sell
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 itoPm.
65 5 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:  Data of onsei
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cerebial Sclerosis
skind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked et this occupation (month end	
10. Date decesed last worked et this occupation (month end of 193) 11. Total time (years) spent in this occupation (month end of 193)	1 Server Germenica
12. BIRTHPLACE (city or town) That gomery College (State or country)	Other Coatributary Causea of importance:
1 0 00 0	
13. NAME Maskall Berry  14. BIRTHPLACE (city or town) Norbeck McCountry)	Neme of operation Date of What test confirmed diagnosis? Church Wes there en eutopsy?
15. MAIDEN NAME Elizza ? Berry	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Eliza? Berry  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Rud,	Where did injury occur?
17. INFORMANT alice Hopkins (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Sandy Jung Date 9/27 1933	Manner of Injury
19. UNDERTAKER Roy W Barber (Address) & Laylonenela Inc.	24. Wes disease or injury in any wey releted to occupetion of deceased?
20. FILED 9-27 1933 Brus. W.J. Fract	If so, specify (Signed)  (Signed)  (Signed)  (Address)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstones	May 1,1923	Gastroenteritis	1 yeor		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1	L PLACE OF DEATH	IL		ILAND	CERTIFICATE	OI DEA		OOLOE
		ntg	Co		(66°E)	Registration	Dist. No. 2	13
	Village or CityGerri				No.  death occurred in a hospital or ins  death occurred in U.S.	stitution, give its NAME	E instead of street	
	2. FULL NAME Ida	-		Howes				
		erma	ntown	Md	St Ward.			
-	(a) Nesidence. No.		(Usuai place				give city or town	
	PERSONAL AND S				1	CERTIFICATE	OF DEAT	Н
3.	Female 4. Color or Whit		5. SINGLE, MAI	RRIED, WIOOWED,	21. DATE OF DEATH	Sept (Month)	26 (Oay)	, 193_3 (Yaar)
5a.	If married, widowed, or divorcad HUSBANO of (or) WIFE of		Single	е	22. I HEREE	BY CERTIF	12 01	ded deceased from
6.	DATE OF BIRTH (month, day, and	vear)	Oct	23rd , 1	Ust saw h. C alive on.	- 11 - 1	180	3; death is said
	AGE Years I862 70	Months II	0ays 3	If LESS than 1 day,hrs. ormin.	to have occurred on tha date s The PRINCIPAL CAUSE OF D wara as follows;		· -	Oate of onset
OCCUPATION	kind of work done, as SP SAWYER, BOOKKEEPER, of 9. Industry or business in which work was done, as SILK I SAW MILL, BANK, etc	h MILL,	ired <sup>11. Total</sup>	time (years)	Exoplia Tropoca	Deste mic god	Ý	9/11/13
12.	BIRTHPLACE (city or town)(State or country)	Mary.	years land		Other Contributory Causes of i	mportance: •		
ER	13. NAME James	Gre	en					
FATHER	14. BIRTHPLACE (city or town) (State or country)	mar	yland		Name of operation	noul	Observal Was there	an autopsy? M)
MOTHER	15. MAIOEN NAME Ra  16. BIRTHPLACE (city or town) (State or country)	Md Md	Barry		23. If daath was due to extarnal Accident, suicide, or homicide!  Where did injury occur?	?		
17.	Laura	mant	Howes own		Specify whether injury occurre	(Specify city or	town, county and OME, or in PUBLIC	State)
18.		Ceme	tany Se	ept 29,33	Manner of injury			
19.	Washin . UNOERTAKER - Hanest- (Address)	~	Gartner	via	24. Was disease or injury in an	y way related to occup	ation of deceased	no
20.	FILEO 428 , 193	30	[li-]	Moure He	(Signad) (Address)	u Dall	with the	Hid M.O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Ä ż TION is very important.

CAUSEOF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEA	TH ontg Co	)		Registration Dist. No. 213
Village or City	ity or town where o		(1) yrs,3mos	No. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of loreign birth?
(a) Residence: No.	Germant	OWN (Usual place		St., Ward.  If nonresident give city or town and State
PERSONAL AN	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	R OR RACE	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  Sept 26 , 193 33 (Month) (Day) (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced Sing	~ ====		22. I HEREBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month, da	v. and vear)	Dec :	23 185	Viat saw h alive on Sell 20 1933 : death is s
7. AGE Years 1853 79	Months 9	Days 3	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at II • 45 mm  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or p kind of work done SAWYER, BOOKKEI 9. Industry or business i work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mg	particular , as SPINNER, SE EPER, etc. n which SILK MILL, etc.	eamstre:	SS•	Carcenonia y Lever Jun
12. BIRTHPLACE (city or town) (State or country)	orked at R ti	Jans oc	time (yeers) ent in this supation	Other Coutributory Causes of Importance:
7	nes Gre	een		
14. BIRTHPLACE (city or to (State or country)				Name of operation.  What test confirmed diagnosis Obacust. Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or to (Stete or country))  17. INFORMANT (Address)	a V Ho	wes	-hd	23. If death was due to external causes (VIOLENCE) fill In also the Iollowing:  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR Place Glenwood	od Cemet	cary S	Sept 29 3	Menner of Injury
19. UNDERTAKER	nington st C Gaither	Gartner	3	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Syrc	19.33 W	W 8/	Journe 149	(Signed) When During M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

. In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

)	N. BWRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
DINDING W	A PERMANENT	ted EXACTL	perly classified.	ificate.
OJ OJ	THIS IS	d be stat	y be pro	k of certi
ANGIN RESERVED FOR BINDING	NFADING INK-	plied. AGE should	erms, so that it ma	TION is very important. See instructions on back of certificate.
	AINLY WITH U	ld be carefully sup	DEATH in plain te	y important. See
	N. BWRITE PL	mation shoul	CAUSE OF	TION is ver

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(120)
County Montgomery	Registration Dist. No. 2/3
Village or City as kling trake Vack	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
1000	ds. now, long in 0.5. If di loreign birth?yrsmosds.
2. FULL NAME Tolorida Triggi	gro Flucte
(a) Residence: No. April (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. CQLOR QR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female blek - OR DIVORCED, (write the word)	Supt 8 193.3
Sa. If married widowed, or divarced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
20 10 1/ -/ 95 T	1933, to the day, 1933
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h_2_/_ alive on
Q 5 8 1/ I day hrs	to have occurred on the date stated above, at 7. 2. m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
/~   0   6   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The test of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Acual William Par 23;
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)	Sund desired in importance.
(State or country)	Devility
13. NAME I Strollt 14. BIRTHPLACE (city or town) Pracyland	/
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Clerrical Was there an autopsy?
15. MAIDEN NAME Dena Higgins 16. BIRTHPLACE (city or town) Manyland	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Phanyland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT and Aurale	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Reusinglya Mick	
Place Orak Hill Campate Sept 11 1933	Manner of injury
14 0 10 1	Nature of injury
19. UNDERTAKER UM. Peutry Tumplury	24. Was disease or Injury in any way related to occupation of deceased?
	If so, specify
20. FILED 2-10, 1933 ms. W. J. Craft Registrar.	(Signed) / Levery M. D.  (Address) / Terring to M. D.
Registrar.	(Address) VI turing in , will

7197E

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

tem of infor-	should state	of OCCUPA-	
INLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of infor-	Y. PHYSICIANS	TH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANEN	stated EXACTL	properly classified.	certificate.
-TIIIS	ad bl	ay be	ck of
FADING INK-	ied. AGE shou	ns, so that it m	important. See instructions on back of certificate.
WITH UN	efully suppl	n plain teri	nt. See in
INLY.	Po care	TH.	importa

mation should CAUSE OF DE TION is very

N. B.-WRITE P.

V. S. No. 1

STA	TE OF MA	RYLAND-	CERTIFICATE OF DEATH (19)	77
1. PLACE OF DEATH			(45)	
County Monly	omery		Registration Dist. No. 2 / /	
Village or City Mys.	ands c	us	ND. St.,	Ward
Length of residence in city or to	wn where death occurred		death occurred in a horpital or institution, give its NAME instead of street and number 19.9. ds. How long in U.S. if of foreign birth?	
2. FULL NAME MM	. Festers	on Alston		
(a) Residence: No.	Tamas	ess md	· St. Ward.	
		lace of abode)	If nonresident give city or town and Stat	2
PERSONAL AND ST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR I	OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH 28 (Month) (Day)	(Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	el Lyle		22. I HEREBY CERTIFY, That Jattendad deca	asad from
	Quelle 0	. 1852	1932, to 197.20	1920
6. DATE OF BIRTH (month, day, and years	nonths Days		I last saw h los alive on , 1933; da to have occurred on the date stated above, at 7 6 5m.	ath is said
O /	3 19	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca	
8. Trade, profassion, or particular	The state of the s	l ormin.	Shorably Cancer of Stomach De	te of onset
kind of work done, as SPI SAWYER, BOOKKEEPER, et	NNER, TARMI	abover		-07
kind of work done, as SPI SAWYER, BOOKKEEPER, et Industry or businass in which work was done, as SILK M SAW MILL, BANK, atc 1D. Oate deceased last worked at	ILL,			
1D. Oate deceased last worked at this occupation (month and year)	1931 11.Te	spent In this occupation		
12. BIRTHPLACE (city or town)	wisdar	le 1	Dther Contributory Causes of importanca:	
(State or country)	a ma	7.	Harnivloun 6	mo-
13. NAME Vachel	tyles	_	7 /	
13. NAME ACCUSE  14. BIRTHPLACE (city or town)	mon	g. Co.	Name of operation Alexander Oata of	.1933
(State of country)	me	R.	What test confirmed diagnosis? Mangulated Was there an autop	sy? hs.
15. MAIOEN NAME 64	ndia	vinson	23. If death was due to external causes (VIOLENCE) fill In also tha following:	
16. BIRTHPLACE (city or town) (State or country)	moning	200	Accident, suicide, or homicide? Oate of injury	, 19
Planare	son Au	les	Where did injury occur? (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT	monrove	a ned.	openity middle m	
18. BURIAL, CREMATION, OR REMOVA	Cam. Date	pr.30 1033	Manner of Injury	
19. UNDERTAKER Hern	ian Brig	Ader-	24. Was disease or injury In any way related to occupation of deceased?	2
20. FILED Sept 30 , 1933	Della W	Burdette	(Signed) Leage M. Boyer	M. D.
Land to the second seco		Weyt, Registrar.	(Address) Daniallic Ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A RESTRUCTION OF THE PARTY OF T	1		
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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mis.

1. PLACE OF DEATH	46
county mont gamery	Registration Dist. No. 223
DEPERATE LIMITE	No. Washing ton Sanitare um St. Hash Word death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,lmos	ds. How iong in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Carolyn Bell mc Pheo	rsan
(a) Residence: No. 17 2 H H SX n.w (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.	21. DATE OF DEATH  September 19, 193 33  (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
( Wife of Edward angus McPhearson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 27, 1875	last saw her alive on September 18, 19 33; death is said
6. DATE OF BIRTH (month, day, and year) July 27, 1875 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 = am.
58 1 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc. Housewife	C
<   9. industry or business in which	Carcinoma of sigmoid 11126793
work was done, as SILK MILL, Own Home	
10. Date deceased last worked at this occupation (month and 1932 spent in this occupation 384rs)	
INCH DISTRICT CONTRACTOR OF THE CONTRACTOR OF TH	Other Centributary Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  WISCONSIN	
13. NAME nakhaniel Cromwell	
	Name of operation Resection of Engineer Warchile,
(State or country) Thas sach usettes	What test confirmed diagnosis? I want with Was there an autopsy? NO 3
15. MAIDEN NAME Ellen Hawk	, , , , , , , , , , , , , , , , , , , ,
Z / CA //ZOA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	Where did injury occur? (Specify city or town, county and State)
(Address) Takoma Park, Maryland	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Mashy D. Date Sept 19, 19.33	Nature of Injury
Trans last	
19. UNDERTAKER JAMANE KOM (Address) 560+ Jell ate n 4) Washled	24. Was disease or injury in any way related to occupation of deceased?
I NE 23 A S OP	If so, specify OFF a strok
20. FILED Sept 19, 1933 36. C. Togers.  Registrar.	(Signed) M. D. (Address) 722 Ware av Tahom Ps.
	71



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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09179
1. PLACE OF DEATH	
County Moulgonies	Registration Dist. No. 217
Village or City Olivey, and	Mas morito Co General Hospital Ward
	death occurred in a hospital of institution, give its NAME instead of street and number)
2. FULL NAME Charles Melvine	
(a) Residence: No. Gaishers burg, and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note:  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Melvin	22. 1 HEREBY CERTIFY. That I attended deceased from Se plember 7, 1933, to September 1/1933
6. DATE OF BIRTH (month, day, and year) may 1. 1898	I last saw him alive on Se pleuder 11 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 Q.z.m.
35 4 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Meursagitis Date of one of 9-8-3:
kind of work done, as SPINNER, Fruck Driver  SAWYER, BOOKKEEPER, etc Fruck Driver  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Further  10. Dato deceased last worked at  11. Total time (years)	
9. Industry or business in which work was done, as SILK MILL, Guide y Jours, Hore SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year)  year)  12. 33 occupation control occupation occupation	Cause of fractured skull not known,
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - (State or country) Usra una	Compound Communited 9/7/33
	deplesado fracturey Akull
13. NAME William Melvin	Name of operation Craniatoring Date of 9-10-33
(State or country) Organica	What test confirmed diagnosis?
15. MAIDEN NAME mariha Lodson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Calle deat Date of Injury 9/-7, 1933.
S (State or country) Virgues	Where did Injury occur? Laukerstung Vike, Guicherstung
17. INFORMANT Nospetal freeords	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Oublie Oxighway
Place faithus burg kote feht 13, 19 33	Manner of Injury and all all all all all all all all all al
) 10 110	Nature of injury Compound Communical depressed
19. UNDERTAKER LA Turfen unphry	24. Was disease or injury in any way ignated to occupation of deceased?
1 13 38 OV 3 CL	If so, specify (Signed) M. D.
P. ALED S. A. 19, 19, 32 CA Section Registrar.	(Address) Dandy Apring Md.
per issueg If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County moulgamery	Registration Dist, No. 217
Village or City Olney, And	Nothe Moute, Co. General Hosepital Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Edward Mobley	
(a) Residence: No. 26 as a field (Usuar place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Seriegle	21. DATE OF DEATH  September 1/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Leplember 11, 19.32, to September 11, 19.33.
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  SAWYER, BDOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total tima (years) this occupation (month and	I last saw h. elive on September 11, 19.23; death is said to have occurred on the data stated above, at 10 P. m.
12. BIRTHPLACE (city or town) 2 may form	Dither Contributory Causes of importance:  Chesapochium poisoning  (assidently administered) 9/11/33
13. NAME Morrows Workley  14. BIRTHPLACE (city or town) Many Conference (State or country)	Name of operation Dane Date of What test confirmed diagnosis? Name Was there an au'opsy? Man
15. MAIDEN NAME Define Devall 16. BIRTHPLACE (city or town) Margy Carry (Stata or country)  17. INFORMANT Define Deval	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? General Date of injury 2/11, 1933  Where did injury occur? Wood field Made State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Camarans mof Date Spt 14, 1933	Manner of injury
19. UNDERTAKER Roy Barbyr (Addiess)  20. FILED LIFT 14, 1933 Ch. 3 and Regions.	24. Was disease or injury in any way related to occupation of decaased? 220  If so, specify  (Signed)  (Address) Lawy Spring, md.  (Address) Lawy Spring, md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# item of W PHYSICIAN RD. Exact certificate may that instructions plain important DEA

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. No. / Muntose St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where How long in U.S. if of foreign birth? If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Widow (Month) (Day) (Year) 5a. If married, widowed, or divorced CERTIFY, That I ettended deceased from 7. AGE Davs If LESS than Months to have occurred on the date stated ebove, at The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. Date of enset 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this occupetion\_ 12. BIRTHPLACE (city or town) (State or country) 13. NAME HE FAT 14. BUTTYPLACE (city or town) Name of operation\_\_ (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?... 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Menner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		- 1 - 1833 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenterilis	1 year		
			1		

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-	-WR matic	
S. No.	B	
. S	zi (T)	

County	
Village Dr City    No. 65   D	
(If death occurred in a horpital or institution, give its NAME instead of street and not be the length of residence in city or two where death occurred with some street and not be the length of residence in city or two where death occurred with some street and not be the length of residence in city or two where death occurred with some street and not be the length of residence in city or two where death occurred in a horpital or institution, give its NAME instead of street and not be the length of residence in city or two where death occurred in a horpital or institution, give its NAME instead of street and not be the length of foreign birth?  The private in a horpital or institution, give its NAME instead of street and not be the length of foreign birth?  The private in a horpital or institution, give its NAME instead of street and not be the length of street and not be the length of foreign birth?  The private in a horpital or institution, give its NAME instead of street and not be the long in the length of foreign birth?  The private in the word of the length occurred on the last stated above, at instead of street and not be the long in U.S. if of foreign birth?  The private in the word occurred in a horpital or institution, give its NAME instead of street and not be the long in U.S. if of foreign birth?  The private in the word occurred in a horpital or institution, give its NAME instead of the long in U.S. if of foreign birth?  The private in U.S. if of foreign birth?  T	
2. FULL NAME  (a) Residence: No. 65 1 D  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vortice the word)  Fa. If married, widowed, or divorced  HUSBAND of (or) WIFE of Corner of the co	Ward
(a) Residence: No. 6510 Summed Company St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of Company St., Ward.  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  1 day, hrs. or min.  1 as your Carditii With	sds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  22. I HEREBY CERTIFY That I altended to the procession of particular in the principal Causes of importance were as follows:  1 last saw head: slive on September 19.33. to The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  WEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  1 last saw head: slive on September 19.33. to The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  WEDICAL CERTIFICATE OF DEATH  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of (o	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the Word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. 0 or min.  1 the PRIEDY CERT I FY That 1 altended to the latendary of the laten	State
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular	^
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  I LESS than  1 day,hrs.  Ormin.  1 the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Light attended,  22.  1 HEREBY CERTIFY That I altended,  22.  1 HEREBY CERTIFY That I altended,  22.  1 HEREBY CERTIFY That I altended,  23. To September 4, 19 33, to September 4, 19 33.  1 last saw here. alive on September 4, 19 33.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  22.  1 HEREBY CERTIFY That I altended,  23. To September 4, 19 33. To September 4, 19 33.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  24. Trade, profession, or particular	, 193(Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  I last saw here allive on Seftenties /6, 19 33  to have occurred on the date stated above, at 1 2 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Strade, profession, or particular	deceased from
7. AGE Years Months Days if LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	C, 19 03.
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular Chromic muocarditis with	
kind of work done as SPINNER,	Date of onset
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.  10. Date deceased last worked et	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Union Lity: Dther Contributory Causes of Importance:	
(State or country),	
13. NAME Henry & Steagall abuna Becondary, sever.	
14. BIRTHPLACE (cily or town) Union Sty Name of operation Mont E. Date of	
(State or country) What test confirmed diagnosis? Hone - Was there an a	u'opsy? Zo_
15. MAIDEN NAME Delia 6- Black 23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Date of injury Accident, suicide, or homicide? Date of injury	, 19
where did injuly occur? (Specify city or town, county and State	e)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 65 4 0 Sussing the Manner of injury  18. BURIAL, CREMATION/OR REMOVAL  Manner of injury	
Place Manner of injury  Nature of injury  Nature of injury	
Was disease or injury in any way related to convention of deceased?	no.
(Addiess) 1408 Charles St. Wall Jan 18 18 18 18 18 18 18 18 18 18 18 18 18	
20. FILED 9 - 16-1933 Fromas (Comuna (Signed) Grupta Marth	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Washington	tt m. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo		
Chronic interstitial nephritis	1921	Run over by street cor	1 week aga		
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ago		
AUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 yeor		

ADDITIONAL	SPACE F	OR FUR	THER STA	TEMENTS	BY	PHYSICIAN
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nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	92-0
of mld	county Montgomery	Mrs. Parce of Registration Bist. No. 223
item of should of OCC	Village or City Takkonfal Park	No. 626 Carroll are Sty Ward
= 0	7	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME mrs. martha Jane	Patterson.
J. E	(a) Residence: No. 3 435 Illinois auc	Str. Ward. Fresno Cal
	(4) Residence: No. 5 453 (Usual place of abode)	If nonresident give city or town and State
RECO. PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE r. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d. L.	Female White married	(Yaar)
NDING XACTI classified	5a. If married, widowed, or divorced HUSBAND of (or) Wife of Sh. 701.	22.   HEREBY CERTIFY. That I attanded decaased from
ND XX A X A class	(01) WIFE 01 William (R. Vatterson	Sept. 8 ,19.33, to Sept. 11 ,19.33
	6. DATE OF BIRTH (month, day, and year) Offil 13, 1858	I last saw h. en aliva on Sept. 11, 1933; death Is said
R P P ed ed eerl	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 5 95 P.m.
FOR BI	75 4 29 or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_ 70	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Housewife	1 1 100000 1 1 10
	kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Myacarana Jegentrana Fell
ERVI VK-T) should it may n back	work was dona, es SILK MILL, SAW MILL, BANK, etc. Done	the trad Mussia has
INI INI I sh	a tina occupation (month and / // )	193
RES 7G I AGE that	year) 1928 spartin this 48	Other Contributory Causes of importance:
6 7	12. BfRTHPLACE (city or town)	-
RGIN VFADIJ plied. rms, so	(State or country) alabama	_
	E 13. NAME James Milam	
FH U See See	14. BIRTHPLACE (city or town) Louisiana	Name of operation Date of Was there an au'opsy? 20
= 0	# 15. MAIDEN NAME Martha & Munk	23. If death was due to external causes (VIDLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
ILY, e cal VTH	16. BIRTHPLACE (city or town)  (State or country)  Seorgia	Whera did Injury occur?
	17. INFORMANT Berords - Washington Say & Hosp.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
PLA Double	(Address) Trakoma Porty, md	
E The II or	18. BURIAL, CREMATION, OR REMOVAL Place Wash. Memorial Paie 8/13 1933	Manner of injury
WRIT AUSH 10N i	Place Vash. Meuvist Date 8/9, 1953	Natura of Injury.
TEOF	19. UNDERTAKER / Spergy	24. Was disease or injury in any way related to occupation of deceased?
å Ä	(Address) Warsh, ATO	If so, specify the second was a second with t
× Z	20. FILED 2011, 1933 Registrar.	(Signed) (Address) (Akara Cark Cul) M. D
(1)	If more blanks are needed, address State Registrar.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. If of foreign birth?\_\_\_\_\_yrs. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5e. If married, widowed, er diverced I HEREBY CERTIFY, That Lattended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Month If LESS than 0evs to have occurred on the date stated above, et ... The PRINCIPAL CAUSE OF DEATH end related causes of importence or \_\_\_\_\_ min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Totel time (years) this occupation (month end. spent In this occupetion \_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis?\_\_ Wes there en autopsy? 15. MAIOEN NAME 23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following:

MOTHER 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OF REMOV

19. UNDERTAKER (Address)

24. Was disease or Injury in any way related to occupation of deceesed?

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

If so, specify

Manner of Injury

Nature of Injury

(Specify city or town, county and State)

If shore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

09185

1. PLACE OF DEATH	(46)
County Montgomery	Registration Dist. No. 223
Village or City Textoma Park	No. Was him to your San Harium + Na Sirtan Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. Dads. How long in U. S. if of foreign birth?
2. FULL NAME Mrs Margaret Rems	
(a) Residence: No. 126 Chesknuk Que (Vival place of abode)	St., Ward. Takoma Park md If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fe male  1. SOLOR OR RACE OR DIVORCED (write the word) To male  1. SEX  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Mayried	21. DATE OF DEATH  (Month): (Dey)  (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Mr Peker Remsen	22. HEREBY CERTIFY. That I attended deceased from  16, 1933, to Defet 28, 1933
6. DATE OF BIRTH (month, day, and yaer) March 24 189 7. AGE Yaars Months Days If LESS than 1 dey,	to have occurred on the date steted above, at 10.57 m.
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Own Home.  10. Date decaasad last worked at this occupation (month and this occupation (month and the company occupation 18)	Carcinoma of Aug. Esophague 1903?
12. BIRTHPLACE (city or town) Brooklyn (State or country) N.U.	Other Contributors Cause of importance: Carcinous Cervical Crush hade
13. NAME Leorge S. Monfort  14. BIRTHPLACE (city or town) Brooklyn (State or country)	Name of operation Yastruc fisher Date of June Z. 3  What test confirmed diagnosis?  Was there on autopsy?  No. 10
15. MAIDEN NAME M. 35 Mary Berry  16. BIRTHPLACE (city or town) Droaklyn  (Stata or country)  17. INFORMANT Washing tan Sun-Jarium Recerd  (Address)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Washingto & Chata Sept 30 195	Manner of injury  Nature of injury  24. Was disease or injury in any way telated to occupation of dacaased?
(Address) 2901-140, 84-70 42 20. FILED Sept 7-8, 1933 JEE Registrar. Registrar.	(Signed) / Curriage M. D.  (Address) Jakous Park wif

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 doys ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Langth of rasidence in city or town where death occurred yrs	Month)  (Month)  (Dey)  (Year)  HEREBY CERTIFY. Thet i attended decaased from 19.3 to 9.8 of 19.3 death is at on the date stated above, at 7.8 of m.  CAUSE OF DEATH and related causes of importance
Village Dr City  Langth of rasidence in city or town whare daath occurred  Langth of rasidence in city or town whare daath occurred  2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  Market  5a. If merriad, widowed, as livened HUSBAND of  Control  Residence: No.  Cuaual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write tha word)  Market  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Years  Months  Days  If LESS than It day, hrs. Or min.  8. Trade, profession, or particular kind of work doma, as SPINNER, SAWYER, BDDKKEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, farmed  NO  10. Dato dacaased last workad at this occupation (month and yeer)  Othar Coatribut  12. BIRTHPLACE (city or town) (State or country)  NO  Othar Coatribut  Othar Coatribut	St., Wa hospital or institution, give its NAME instead of street and number) whong in U.S. if of foreign birth?
Langth of rasidence in city or town whare daath occurred yrs	Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  Month)  Month  Mont
Langth of rasidence in city or town whare daath occurred yrs mos ds. Ho  2. FULL NAME  (a) Residence: No.	Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  Month)  Month)  Weard  Month)  Month  Mo
(a) Residence: No. *** Country St., *** (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	If nonresident give city or town and State  AEDICAL CERTIFICATE OF DEATH  F DEATH  (Month)  (Dey)  (Year)  HEREBY CERTIFY. Thet i attended decaased fr  19.3 to 9/8 o/ 19.3 death is attended above, at 780 m.  CAUSE OF DEATH and related causes of importance
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  The processor of th	If nonresident give city or town and State  AEDICAL CERTIFICATE OF DEATH  F DEATH  (Month)  (Dey)  (Year)  HEREBY CERTIFY. Thet i attended decaased fr  19.3 to 9/8 o/ 19.3 death is attended above, at 780 m.  CAUSE OF DEATH and related causes of importance
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)  Therried widowed, as divorced HUSBAND of May Represent to have occurred to have occurred in the profession, or particular word work was dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Dato dacased last worked at this occupation (month and yeer)  12. BIRTHPLACE (cily or town)  (State or country)  7. AGE  4. COLOR OR RACE  5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write tha word)  21. DATE (1)  22.  12.  13.  24.  14. Toggle word word to have occurred to have occurred ware as follows  15. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write tha word)  16. DATE OF BIRTH (month, day, and yaer)  17. AGE  18. Trade, profession, or particular ware as follows  19. Toggle word was dona, as SILK MILL, Sawwald  11. Total tima (years) spent in this occupation (month and yeer)  Other Coutribut  Other Coutribut	HER EBY CERTIFY. Thet i attended decased from 19.3 to 9.8 death is at on the date stated above, at 7.50 m.  CAUSE OF DEATH and related causes of importance
3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)  7. AGE  Years  Months  Days  If LESS than I day, hrs. Or hrs. Or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Dato dacaased last workad at this occupation (month and year)  (State or country)  7. AGE  11. Total tima (years) Spent in this Occupation  Othar Coutribut	HEREBY CERTIFY. Thet i attended decaased fr  19.3 to 9.8 o 19.3 death is attended above, at 78.0 m.  CAUSE OF DEATH and related causes of importance
OR DIVORCED (write tha word)  Markelec  The merriad, widowed, or diversed HUSBAND of Markelec  6. DATE OF BIRTH (month, day, and yaer)  7. AGE Years Months Days If LESS than I to have occurred a lay, hrs. or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Dato dacased last worked at this occupation (month and yeer)  11. Total tima (years) sport in this occupation (month and yeer)  Other Contribut  12. BIRTHPLACE (city or town)  (State or country)	Month)  (Month)  (Dey)  (Year)  HEREBY CERTIFY. Thet i attended decaased from 19.3 to 9.8 of 19.3 death is at on the date stated above, at 7.8 of m.  CAUSE OF DEATH and related causes of importance
HUSBAND of May Roughs  5. DATE OF BIRTH (month, day, and yaer)  6. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, Reference work as dona, as SPINNER, Reference work was dona, as SILK MILL, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, farmely.  10. Dato dacaased last workad at this occupation (month and yeer)  11. Total tima (years) spent in this occupation (Othar Coutribut (State or country)	on the date stated above, at 730 m.  CAUSE OF DEATH and related causes of importance
8. DATE OF BIRTH (month, day, and yaer)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  Ormin.  8. Trade, profession, or particular kind of work dona, as SPINNER.  SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was dona, es SILK MILL, Saxmeld.  SAW MILL, BANK, atc.  10. Dato dacaased last workad at this occupation (month and yeer)  Other Coetribut  12. BIRTHPLACE (city or town)  (State or country)  The principal to have occurred ware as follows  The principal ware as follows  Other Coetribut  Other Coetribut	on the date stated above, at 750 m.  CAUSE OF DEATH and related causes of importance
AGE Years Months Days If LESS than I to have occurred I day,hrs. ormin.  8. Trade, profession, or particular	on the date stated above, at 730 m.  CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Returned  9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc.  10. Dato dacassed last workad at this occupation (month and yeer)  12. BIRTHPLACE (city or town)  (State or country)  Water Stonious  11. Total tima (years) spent in this occupation  Other Coutribut	CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Reliand of work dona, as SPINNER, Reliand of work dona, as SPINNER, Reliand of work was dona, as SPINNER, Reliand of work was dona, as SILK MILL, SAW MILL, SOW MILL, SAW MILL, SOW MILL, SAW MILL, SOW MILL, SAW MILL, SAW MILL, SAW MILL, SAW MILL, SOW MILL, SAW	
yeer) Octupation Other Contribut  (State or country) Mary Land.	Date of ons
2. BIRTHPLACE (city or town) Mary Land.  (State or country)	amia 9/25)
yeer) occupation Other Coutribut  (State or country) Mary Land.	0
yeer) Octupation Other Contribut  (State or country) Mary Land.	me Introleted 3
2. BIRTHPLACE (city or town) Mary land.	lines of
13. NAME Varing 19 Novement	ry Causes of Importance:
Settle C.	
14. BIRTHPLACE (city or town) Name of operation (State or country)	on Date of
What tast confir	ned dlagnosis? Was there an au'opsy?
TE MAINEN MANE	ue to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Accidant, suicid	
Whare did injur	OCCUT?(Specify of town county and State)
(Address) norbeck mary land.	(Specify city or town, county and State) injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL CREMATION OR REMOVAL Alla Date Oct 3, 1933 Manner of injur	<i>~~</i>
9. UNDERTAKER / Sange South Street 24. Was disease (Addrass) 1 (Ad	r injury in any way ralated to occupation of decaased?
20. FILED Sept 30, 19 33 CS. Bansley (Signed).	0 2 11

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

1. PLACE OF		JF MAR	YLAND-	CERTIFICATE	OF DEATH	09187
County	mil.			(159)	Build of Bridge	015
	01	Suche	7	A1	Registration Dist. No.	4.5
Village Of Ci	1000	was M.	(1	f death occurred in a hospital or instit	tution, give its NAME instead of	St., War
Length of resid	ence in city or town where	deeth occurred				
2. FULL NAM	ME /	Tala	ashust	lett		
(a) Residence	e: No.	Burll	e	St., Ward.		
PERSON	AL AND STATIST	-		MEDICALO		
3. SEX	4. COLOR OR RACE					EATH
male	white	OR-DIVORCE	D (write the word)		Telsh, 20	
5a. If married, widowe	d, or divorced	1	The state of the s		(Month) (Bey)	) (Year)
(or) WIFE of				22. HEREB	Y CERTIFY, Thet	atlended deceased fro
C DATE OF BIRTH (-		11-	1000	repet . L	1, 19.3.3., to sefes.	2.7, 193.3
		Devs Devs	1 tt IFSS then		4-10-	_, 19_55 deeth is sel
			1 dey,12_hrs.	The PRINCIPAL CAUSE OF DEA		tance
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR-DIVORCED (purify the word)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, end year)  6. DATE OF BIRTH (month, dey, end year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Dey)  21. DATE OF DEATH  (Month)  (Dey)  1 last sew h in alive on Sept. 27, 1933, to sept. 27, 1933	Date of onse					
SAWYER,		woul		. January and the state of the	surl	
	done as SILK MILL	2200.0			***************************************	
SAW MILL	last worked at	II Totel ti	me (veare)			
- I Will this occupi	etion (month and	sper	it in this			
17. RIRTHPI ACE (city	ortown) R	-h:00	1	Other Contributory Causes of Imp	portence:	
(State or count		mil				
13. NAME	Elmer S	bulle	H.			
14. BIRTHPLACE	city or town)	7/	,	Neme of operation		Dete of
1 (State of C	ountry)	a.	,	R .		
15. MAIDEN NAM	E Mary	A. Die	pson			
16. BIRTHPLACE		ash.		Accident, sulcide, or homloide?	Date of inju	ry, 19
(State or c	ountry)	7.0.	10.1		(Specify city or town count	trand State)
	El mez	Spris	lett	Specify whether injury occurred in	in INDUSTRY, in HOME, or in P	UBLIC PLACE.
	N, QR REMOVAL	orpore	415	M	*******	
Place. La	Ston Va	Dete Sept	29 ,1933			
10 HNDEDTAVED	Marga &	Person	here	7. A		
	Rocksille	mar lan	V-		vay releted to occupation of dec	eesed?
20, FILED 9/29	1933 Mic	1. W.J. b.	ratt	(Signed)	1 Harten	- п.п. т. г
	, 10		Registrar.	(Address)	Rocker	El
	If mare	blanks same and 1 .	11 . C D .	N		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــال		

1. PLACE OF DEATH	23
County Townly over	Registration Dist. No. 214
	NoSt.,Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	losds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 716 Sligo an Selows	Spesty Md Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Seftenter 19, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Stewart	22. I HEREBY CERTIFY, That I attended deceased from Aug 1/4 ,1933, to Sept 14 ,1933
G. DATE OF BIRTH (month, day, and year) FEb 29- 1908	I last saw her alive on Seft 12 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 250 A .m.
2 25 6 7 4 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BOOKKEPER, etc.	16 bercular Aug 16
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and work).	meningsh.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Destrel of Columbia (State or country)	Other Contributory Causes of importance:
	- Talmonary 1 a ka carloring Aug 1932
13. NAME Walbut Buchler  14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of What test confirmed diagnosis? X Ray Was there an autopsy? NO
15. MAIDEN NAME AND AND SCHOOL SCHOOL	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT 716 Slige live selver Spen (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. DUBIAL, CREMATION, OR DEMOVAL Place Cacher Hill Coate Slept. 17, 1953.	Manner of injury
19. UNDERTAKER JAMES STANDINGS.  (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 15, 1933 J.E. Registrar.	(Signed) He Seward Seward J. M. D.
If more blanks are needed, address State Registra	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Washington

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	B'A DARRENO	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			aamaa	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Female whike OR DIVORCED (white the word)  Tharried, widowed, or divorced HUSBAND or (or) WIFE of LeRoy Sutter  5. DATE OF BIRTH (month, day, and yeer) October 10, 1903  1. AGE Yeers Months Days If LESS than 1 dey,hrs. ormin.  29	1. PLACE OF DEATH			139-8)			
Village of City. La Kanna Park, M. A. (It dash occured in a hopher) trailition, give in NAME inseed detected and Amber) taggle of residence in thy of town where death occurred.  2. FULL NAME Mys. Charlotte. Sutter  (a) Residence: No. 31.D. East. Utash of Consign birth? yes. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  SILLES AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  SILLES AND STATISTICAL PARTICULARS  3. III married, widowed, or diversed of the Section of Color of the word Tharried of the word Tharried of the word of the Section of the word of the word of the Section of particular of the word of the Section of particular of the word of the word of the Section of particular of the section of the section of particular should be worked on as SPINNER, SAWYER, BOOKKEEFER, etc.  9. Jindustry or business in which will be sold to have occurred on the date stated above, etc. 11. 19. 93. death is seld to have course of the date stated above, etc. 11. 19. 93.  10. Date deceased last worked at this occupation of the Section o	County Mont comery				Registration Dis	t. No. 2	23
2. FULL NAME Mrs. Charlotte. Sutter  (a) Residence: No. 31D Fast Orlando Que (Unaplace of shock)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX 4. COLOR OR RACE OR BURKER DATE OF DEATH  1. SENSIAND of conviried with the world of burker of the world of t	Village or City La Kama F	ark + md	(If				
(a) Residence: No. 31D East Orlando Que Usualplace of shoole)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE  OR DIVORCED Gravite the word)  OR DIVORCED Gravite the word on Divorced Gravite	Length of residence in city or town where	death occurred	yrs,mos	1 O _ds. How long in U.S. it	f of foraign birth?	yrsmo:	sds.
PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DOWNORD, OR DIVORCED (World the word)  TO LIVING OF DEATH  S. PLEMBEY CERTIFICATE  S.	2. FULL NAME Thys. Che	arlotte	Jutter				
21. DATE OF DEATH  September 12 1933  1933  10 ATE OF DEATH  September 12 1933  10 ATE OF BIRTH (month, day, and year) October 10, 1903  10 ATE OF BIRTH (month, day, and year) October 10, 1903  11 AGE Years Months Days If LESS than 1 day	(a) Residence: No. 310 Eas	(Usual place	o ave	St., Ward.	Orlando, If nonresident giv	Florida e city or town and	State
Female white OR DIVORCED (write the word)  3. Il married, widowed, or divorced Muschand or (Opy)  4. Il married widowed, or divorced Muschand or (Opy)  4. Il married widowed, or divorced Muschand or (Opy)  5. DATE OF BIRTH (month, day, and yeer)  5. DATE OF BIRTH (month, day, and yeer)  6. DATE OF BIRTH (month, day, and yeer)  6. DATE OF BIRTH (month, day, and yeer)  7. Date of particular wind of work done, as SPINNER, SAWER, BOOKKEPER, etc.  8. Indee yeers Months  9. Indees on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on the date stated above, etc. 1 19.33; death is seld to have occurred on t	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL	CERTIFICATE C	OF DEATH	
HUSBAND of (or) WIFE of LeRoy Sutter  5. DATE OF BIRTH (month, day, and year) October 10, 1903  7. AGE  Years  Months  29  11  12  168, Inde, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  39, Industry or business in which work was done, as SILK MILL, Own Home.  10. Date decessed last worked at this occupation of MILL, BANK, etc.  11. Total time (years) year) August 31, 1933  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT WAS buing fan Santarium Records.  18. BURTHPLACE (city or town).  19. INFORMANT WAS buing fan Santarium Records.  19. Manuer of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER.  (Address)  19. Was disease or injury in any way related to occupation of deceased?  19. Optical Park Andrews Andre		OR DIVORCED	(write the word)			1.2. (Day)	, 193_3 (Year)
1 I last saw h. E		(ev					
1. AGE Years Months Days If LESS than 1 dey. hrs. or min.  2. Trade, profession, or particular sind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. House wife a solid work done, as SPINNER. SAWYER, BOOKKEEPER, etc. House wife as follows:  2. Judicular of work done, as SILK MILL. Own Home work was done as SILK MILL. Own Home work was done as SILK MILL. Own Home work was done with which work was done with this occupation of Judy Was there an autopsy? Candidate was dua to external causes (VIOLENCE) fill in also the following:  15. MAIDEN NAME Anna Ray  16. BIRTHPLACE (city or town)  (State or country) How England  17. INFORMANT Was hing day was there an autopsy? Was there an autopsy? Candidate, suicida, or homicide? Date of injury where did injury occur?  18. BURIAL, CRESS Talk own Ray Ray Ray Annay Ray Ray Annay Ray Ray Ray Ray Ray Ray Ray Ray Ray R	6 DATE OF BIRTH (month day and year)	toher 10	, 1903				
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  Thirds, profession, or particular min.  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  Date cleases of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  Date cleases of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  Date cleases of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  Date cleases of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance were es follows:  The principal CAUSE OF DEATH and related causes of Importance of Imp							
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All BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Anna Ray  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL  (Address)  18. BURIAL  (Address)  19. Industry or business in which  work was done, as SPINNER.  House wife  11. Total time (years)  spent in this  occupation  11. Total time (years)  spent in this  occupation  12. BIRTHPLACE (city or town).  (State or country)  19. Whet test confirmed diagnosis?  Was there an autoppy? Lay  20. FILED  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury in any way related to occupation of daceased?  19. When a disease or injury in any way related to occupation of daceased?  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signad)  M. D.  M	8 Trade profession or particular		1 01		0		Date of onset
12. BIRTHPLACE (city or town) (State or country)  13. NAME Jacob W. Rambo  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Weshington Sankarium Records (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. Where of injury  Name of operation flub total hypotare classes of importence:  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way ralated to occupation of daceased?  If so, specify  (Signad)  M. D.  M. D.  Othar Coatributery Causes of importence:  19. Where did importence:  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way ralated to occupation of daceased?  If so, specify  (Signad)  M. D.	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewi	Se.	Alcute 11	retorute	D	alet
12. BIRTHPLACE (city or town) (State or country)  13. NAME Jacob W. Rambo  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Weshington Sankarium Records (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. Where of injury  Name of operation flub total hypotare classes of importence:  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way ralated to occupation of daceased?  If so, specify  (Signad)  M. D.  M. D.  Othar Coatributery Causes of importence:  19. Where did importence:  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way ralated to occupation of daceased?  If so, specify  (Signad)  M. D.	9. Industry or business in which		9	- Comment you			1933
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13. NAME Jacob W. Rambo  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stee or country)  16. BIRTHPLACE (city or town) (Stee or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  19. Where of injury  Place  19. Where of injury  Place  19. Where of injury  Name of operation Label Libration  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of i	this occupation (month one	span	t in this				
(State or country)  13. NAME Tacob W. Rambo  C. Adhisature  (State or country)  The Tensel  14. BIRTHPLACE (city or town) (State or country)  The Tensel  15. MAIDEN NAME  Anna Ray  16. BIRTHPLACE (city or town) (Stee or country)  The England  17. INFORMANT Weshington Sanitarium Records (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  Dete Septiment  19. UNDERTAKER (Address)  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed diagnosis?  Was three an autopsy? Septiment  Whet test confirmed three in plants  Accidant, suicida, or homiclet?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred i	12 RIPTHPI ACE (city or town) 70 ct.	Jersen		1		+	
14. BIRTHPLACE (city or town)  (State or country)  Thew Jersey  Whet test confirmed diagnosis?  Was there an autopsy? Go.  Whet test confirmed diagnosis?  Was there an autopsy? Go.  Whet test confirmed diagnosis?  Was there an autopsy? Go.  Whet test confirmed diagnosis?  Was there an autopsy? Go.  Accidant, suicida, or homlolde?  Date of injury  Nacidant, suicida, or homlolde?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Takoma Park, Thary land  Manner of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of daceased?  If so, specify  (Signad)  M. D.  M. D.  M. D.  OFFILED At 12, 1973	(State or country)	3		Chronic A.	alpenge	ECP	apr.
Nama of operation whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Nama of operation whether injury in any way related to occupation of daceased?  It support to the place of the place		m ho		c. Adhesi	alux (		1924
Whet test confirmed diagnosis?  Was there an autopsy?  Accidant, suicida, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  Was there an autopsy?  Was disease or injury occur?  Specify whether injury occur?  Specify whether injury occur?  Was disease or injury in any way related to occupation of daceased?  If so, specify  (Signad)  M. D.  Occident, suicida, or homicide?  Date of injury  Not occur?  Specify whether injury oc	I A RIPTHPI ACE (city or town)			Nama of operation See b to	tal Hyster	Clarate of	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Signad)	(State or country) 11 eu	Jersey			//	- /	utopsy? Ga
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Tax oma Park, Thary land  18. BURIAL, CREMATION, OR REMOVAL  Place  Dete 14. 19.33  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  18. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  18. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Signad)  (Signad)  M. D.  M. D.		0					
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address) Tax oma Park, Thary land  18. BURIAL, CREMATION, OR REMOVAL  Place  Dete 14. 19.33  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  18. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  18. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  (Signad)  (Signad)  M. D.  M. D.	[6. BIRTHPLACE (city or town)	•••••		Accidant, suicida, or homicide?	Dat	e of injury	, 19
17. INFORMANT Weshington Sanitarium Records (Address) Tax oma Park, Mary land 18. BURIAL, CREMATION, OR REMOVAL Place Wash. D. Dete Suffly 19 3 Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signad)  (Signad)  (Signad)  Manner of injury in any way related to occupation of daceased?  (Signad)  M. D.	(Stete or country) new	England		Where did injury occur?		10	
18. BURIAL, CREMATION, OR REMOVAL Place Wash. Dete Sept. 14, 19.33  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of daceased?  If so, specify  (Signad)  (Signad)  Manner of injury Nature of injury  Nature of injury				Specify whether injury occurred			
19. UNDERTAKER AND LOCAL 24. Was disease or injury in any way related to occupation of daceased?  (Address)  (Signad)  (Signad)  (M. D.	18. BURIAL, CREMATION, OR REMOVAL	Dete Sep	114 19 3				
(Address)  (Address)  (Signad)  (Signad)  (M. D.	Harry	124			way related to occupable	on of deceased?	
20. FILED Set 12, 1983 HERGERS (Signad) / M. D.	VI	Co			nay tabasa to occupatio	ii oi uaceaseu:	
20, FILED - 197	51+12- 34 0	E(1)	. 0	//////	True	Lau	M D
	20. FILED 19/2	Cal Lage	Registrar		Koura /	ark u	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I

the contract of the contract o			
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BEOG	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

puld be carefully supplied. AGE should be stated EXACTLY.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE C	F MARYLAND-	CERTIFICATE OF DEATH 0919	0
1. PLACE OF DEATH		82-0	
County Monte	gonery	Registration Dist. No. 216	
Village or CitySomerset C	hevy Chase, Md.	NoSt.,	_Ward
Length of residence in city or town where d		If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME Margare	t Tibbitts		
(a) Residence: No. 321-		St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH OF 24, 1937	3
5e. If married, widowed, or divorced HUSDANIXAK.	7 7 24 74 7		
(or) WIFE of Arthur Tik	nhitts	22. HEREBY CERTIFY, That I attended decease	d from
		Call the ask to as	2
6. DATE OF BIRTH (month, day, end year) To 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, et 2 Ptm.	is seld
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	ormin.	were as follows:	l onset
g. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nousewife	Cerebras Alwardan	
9. Industry or business in which work wes done, es SILK MILL,	2000000		
SAW MILL, BANK, etc	1		
0 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
		Other Coutributerr Causes of importance:	
12. BIRTHPLACE (city or town)S cot	land	arterio delerores	
	3.2	-	
I James Hart			
14. BIRTHPLACE (city or town)SCC	otland	Name of operation Date of	7.
15. MAIDEN NAME Margaret	Ri hhr	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town)		23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	
(State or country)	-DCULTAHU	Where did injury occur?	
17 INFORMANT Town TO Mid had		(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 321-Research	ex Ave. Summerse		
18. BURIAL, CREMATION, OR REMOVAL	0 1 00	Menner of injury	
Plece Galesville Wi	sconsin 19 33	Nature of injury	
19. UNDERTAKER THE STATE	Hines Co.	24. Wes disease or Injury in any way related to occupation of deceased? 20	
(Address) 2981 - 14 El	st. N.W.	If so, specify	
20. FILED Sept 25 1933 (E	2. C. Plerum mo	(Signed) (Suy Dan 4)	M. D.
(	/Registrar.	(Address St Dursda Roll	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09191
1. PLACE OF DEATH	94-00
County Mining milest	Registration Dist. No.
Village or City akoma Josep, md.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
T T. T.	
2. FULL NAME JOHN JHOMHS IR	MULE
(a) Residence: No. 106 House (Usual place of abode)	afstma Warth, Mail If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	SEPTEMBER 17 193.3
Sa if married widowed or divorsed	(Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of Con) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
The state of the state of	September 15, 1933, to September 17, 1933.
6. DATE OF BIRTH (month, day, and year) Sept 13, 1865	I last saw h_1.1 1 elive on Systemles 16 193; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, big an Meuchaub SAW MILL, BANK, etc.  10. Dato decessed last worked at this occupation (month and	
9. industry or business in which work was done, as SILK MILL, like an Merchant	
work was done, as SILK MILL, Oly an Muchania SAW MILL, BANK, etc.  10. Dato deceesed last worked at  11. Total time (years)	
O 10. Dato deceesed last worked at this occupation (month and year)	
J. · · · · · · · · · · · · · · · · · · ·	Other Contributory Causes of Igrortance:
12. BIRTHPLACE (city or town) January	alfoge-Angra Jectario
(State or country)	1
13. NAME  14. BIRTHPLACE (city or fown)	V.
14. BIRTHPLACE (city of lown)	Name of operation Date of
(State of County)	Whet test confirmed diagnosis? Was there an autopsy? Was there and autopsy? Was there are autopsy? Was the
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Johns J. Trible	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 145 6. 2 Ded St ny City Ja	4
18. BURIAL, CREMATION, OR REMOVAL DE DOWNSELL 19 Jan 33	Manner of injury
Place Washington & Dates ff 17 19 53	Nature of Injury
19. UNDERTAKER WW Schambys Kor	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hthy Chaper I Wash. D.	- If so, specify
20 SUSP Robot 19 1033 / TELL)	(Signed) W. M. Q. Shannon M. D.
20. FILED Registrar.	(Address) 1.1.3. Carall II Takana Ph. D
	24 s. N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	09192
county Montgomery	Registration Dist. No. 2/)
Village or City Int Ston	No. St, Ward
Length of residence in city or town where yeath occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  de. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME James Urials	Wallace
(a) Residence: No. mt. Bion. Our	St., Ward.
(Mysial place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE A. Colo OR DIVORCED (acritic the word)  Sa. If married, widowed, or divorced HUSBANO of	21. DATE OF DEATH  (Monthly 1 (Day) 193 33  (Year)
(61) William Lucinda Vallace	22. I HEREBY CERTIFY, That I attended deceased from 2014 18 1933 to Sept 2 1933
6. DATE OF BIRTH (month, day, and year) Sept. 26, 1849	Last saw h. In alive on Sefet 71 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ / @ A _m.
83 11 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	12 P + + 2
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Odte deceased last worked at this negresting (month and)  11. Total time (years)	adenoma rosare:
work was done, as SILK MILL, Jan.	
10. Oate deceased last worked at this occupation (month and July 1933 spent in this occupation)	
Y. It of	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mondy may (State or country)	C. 1.1.
	Cyslitis 911.33
13. NAME Reson Wallace 14. BIRTHPLACE (city or fown)	Name of operation.
(State or country)	What test confirmed diagnosis? Clauses Was there en eulopsy? No
15. MAIDEN NAME Racheal Fraises	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIOEN NAME Kacheal fraige  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Lucinda maynard (Address) Deerwood Mid.	Specify whether injory occurred in MDUSTRY, in HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place on and Mappell Oate of 15, 1933	Nature of injury
19. UNDERTAKER Rof W. Barlin	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Sight 12, 1933 L. St. Barnely.	if so, specify (Signed) Websles Sowell M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) All Market Street, Baltimore, Requesting 91, S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m of certificate.

TION is very important. See instructions on back

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0919	2
1. PLACE OF DEATH	(42)	)
County Montgomery	Registration Dist. No. 21	7
Village or City Near Clahron 2nd	No. St,  death occurred in a hospital or institution, give its NAME instead of street and number	Ward
1-2	death occurred in a hospital of institution, give its 1947/12 instead of street and number	
2. FULL NAME Cast Warlie	bol	
(a) Residence: No. W. Etchico (Usual place of abode)	St., Ward.  If nonresident give city or town and State	-71-711
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Mole Milita 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  , 193	3 Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Searget Shelf World (or) WIFE of Searg	I last sew h alive on Ozfit 2 , 19 33 : deet to have occurred on the date stated above, at /2-304 m.	9.33
82 2 1 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	ofonset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	artero- Pelensis Kn	hour
12. BIRTHPLACE (city or town) Way for (Stete or country)	Dither Cantributory Cases of importence:  Tylinaus Levn, T. Asmilay	
13. NAME Was Confident of the State of country)	Name of operation. Date of	1200
15. MAIDEN NAME Courses Warfield  16. BIRTHPLACE (city or town) May large (Slete or country)  17. INFORMANT Muis Office Warfield (Address) May Carry	23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OB REMOVAL Place W. S. 1933	Manner of Injury	
19. UNDERTAKER ROJAN Barbar (Address) Janhurstung mg	24. Was disease er injury In any wey related to occupation of deceased?	10
20. FILED Left 3 , 19.33 TH Dysor Registrar.	(Signed) A Dyson (Address) Lay tonsville Ind	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reduesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return'that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINDSAU V.B			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09194
1. PLACE OF DEATH	(46)
County Moul gowery	Registration Dist. Np.
	ND. 28 = Prim rose St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 25 yrs	ds. How long in U.S. if of foreign birth? 5 gyrs. 2 mos. 2 ds.
2. FULL NAME Bramand Henry Wa	etner
(a) Residence: No. 28 Prim roce (Usual place of abode)	St., Ward. Chevy showe md
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The series of the s	21. DATE OF DEATH  Sept. 193-33  (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE OF many moore Warner	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and yeer) June 21, 1875	1 lest saw harmalive on Sept 28 , 15313; death is seld
7. AGE Yaers Months Days If LESS than	to have occurred on the dete steted above, at 9 2 2m.
58 2 25 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
9 Trade profession or particular	Cerclo al arterto elevers 1931
kind of work done, es SPINNER, asky as Law SAWYER, BDDKKEEPER, etc.	
■ S. Industry of Dusiness to which	
work wes done, as SILK MILL, SAW MILL, BANK, atc	
this occupation (month and 1932 spent in this year)	
	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) Washing Con (State or country)	Carinoma of Jeneras begann 1983
13. NAME Bramand Kenny Warner	- Caranoma graneress organing / 903
13. NAME Bramand Kenny Watner  14. BIRTHPLACE (city or town) Lot lot Bend	Neme of operation Date of
(State or country) Pennay (nania	Neme of operation Dete of  What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME many & Parket	23. If deeth was due to extarnel causes (VIOL ENCE) fill In elso tha following:
16. BIRTHPLACE (city or town) may fine town	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Pennoy vama	Where did injury occur?
17. INFORMANT many moore Warner (Address) 28 Polymores St	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Plece Deta Deta Deta Dept 20, 19.33	Nature of injury
19. UNDERTAKER IL. PEULTY Levery Tarry J-	24. Wes diseasa or injury in eny way releted to occupetion of deceased?
20. FILED 9/19 , 1933 B C Perry M. J. Registrar.	(Signed) W Sprag M. D.  (Addrass) / Sol - Size Strick Shows
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state ING

Exact statement of OCCUPA-

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE

V. S. No. 1

TION is very important. See instructions on back

certificate.

of

		ARGIN	RESERVED	VED	FOR	BIND
>	WITTH	WITH TINEADING INE	JUL DE	Truit	TC A	TUTE IC A DEDMA

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County monthsoner	Registration Dist. No. 2/3
Village or City workle	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long In U.S. if of foreign birth?dsdsds.
2. FULL NAME TWO Service Wale	5 - Desser to. Dour Walks
(a) Residence: No. O Clavelle.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Some le Willite OR DIVORCED (write the word)	2eM 30 1933
b. if metried, widowed, or diversed	(Month) (Day) (Yeer)
HUSBAND of Or WIFE of CADIA	22. I HEREBY CERTIFY. That attended deceased from
200-1875	1924, to 30 1933
6. DATE OF BIRTH (month, day, end yeer) 2 9 10 7 7. AGE Yeers Months Days If LESS then	I last saw her alive on 9, 1933; death is sald
5-7 9 1 day,hrs.	to heve occurred on the date stated above, atVm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular	were as follows:
Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked et about 11. Total time (plant) his occupetion (month and	Cardiac Osthma 842aus
9 Industry or business in which	er comments of the second
work was done, es SILK MILL, Own home	
yeer) occupation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	AP A Why
(State or country)	Chronic Rephiles
13. NAME Samuel K. Bready 14. BIRTHPLACE (city or town) Davyloved	V
4 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete or country)	Whet test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Coma to Pathot  16. BIRTHPLACE (city or town)	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury, 19
n. () 111 1 1 1 1 -	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ASSOCIATION (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Dlomac Na Dete VCV 2) 1933	Neture of injury
19. UNDERTAKER Um Kubey Yumphiry	24. Wes disease or Injury in any way related to occupation of decessed?
(Address) To Nevelle my	If so, specify
20. FILED 10 - 2, 1933 Mus. 24. T. Pract	(Signed) M.D.
Registrar.	(Address) We still and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	LEKTIFICATE OF DEATH
1. PLACE OF DEATH	09196
county monlasmery	Registration Dist. No. 212
Village or City Wielserson	NoSt,Ward
Length of tesidence in city or town where death occupred 29 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
e and to	711 N . A.
2. FULL NAME Samenee Hilmett	W.J. W.L.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. That/I attended deceased from
(or) WIFE (Unie () . The lette	Jan 1933 to Late 16 1933
6. DATE OF BIRTH (month, day, and year) \ 100 28 - 1854	last saw permalive on the 15 19 33 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.40 A.m.
79 / 18 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
- S. Trade, profession, or particular	Chronel Rephrete gune
kind of work done, as SPINNER, Vellus James	Intersteral, 1931
kind of work done, as SPINNER, College Sawyer, Bookkeeper, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	•
10. Date deceased last worked at 11, Total time (yeers)	
10. Date deceased last worked at this occupation (month and year) occupation the occupation occupation	
12. BIRTHPLACE (city or town) - Wie Serson	Other Contributory Causes of Importance:
(State or country) Mary land.	1 10 mg of Bikung / 1973
# 13. NAME Les andaline White	
13. NAME Franklin White  14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Margaret allnett	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Umine While	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Dieheson, Md.	
18. BURIAL, CREMATION, OR REMOVAL  Place 3 200 ille maje 5 20 18 , 1933	Manner of injury
1170	Nature of injury
19. UNDERTAKER Hallon & Jace	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Zamesulle, ma	If so, specify
20. FILED Seft 16., 1933 Miss. C. VIIII	(Signed) Protectly 2nd M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may N. B.—WRITE KAINLY, WITH

STATE OF MARYLAND	CERTIFICATE OF DEATH (1919)
1. PLACE OF DEATH	92-2
County Moulgomen	Registration Dist. No. 2/3
Village or City Christian (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Unget TEbecco	- Welt
(a) Residence: No. Orvella (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
1 If married, widowed, or diverced HUSBAND of (or) WIFE of Wells	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 93 -1869	I last saw h 22 alive on Sept 2, 1933 deeth is said
7. AGE Years Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	were es follows: Chronic Enclocarditis Od 20,79
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Storge M. Fry	
14. BIRTHPLACE (city or town) 1 regrees 1	Name of operation
15. MAIDEN NAME OD DOGAL COLONIA	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) / traproce	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT DM, E. Will (Address) Rockeyrolx = mad	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL  Place La Chwelle Dunn Date Septo 1933	Manner of injury
19. UNDERTAKER AM: Pauben Purphury (Address) RDC La velle mod	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED 9-3, 19.33 mis 21 7. Practe Registrar.	(Signad) M. D.
Acgistrar.	(Address) Lapurlu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

on. 10 0

PLACE OF DEATH	STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
	(92-102)
00 20	Registration Dist. No.
Village or City Chevy Chase (No. 4	5 Nrumond sauc Ward) a hospital or institu
	tion, give its NAME in
2FULL NAME Augusta Wo	erodorfer stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
Ferrale White OR DIVORGES	Sept 30 , 19233
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec. 11 1857	Left 30 193. to deft 30 , 193
(Month) (Day) (Year)	that I last saw h An alive on 44 7 30 , 1983
7 AGE      If LESS than	n and that death occurred on the date stated above, at \$30 a.m.
70 0 I dayhrs	
	Metral Regurge 127 7 mg
8 OCCUPATION (a) Trade, profession or	
particular kind of work Move	
(b) General nature of industry business, or establishment in	3
which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Contributory Secondary
Temany	(Duration) yrsds
TO NAME OF STATE OF THE STATE O	(Signed) M. D. M. D.
"Villiam jonas	- left-3013 3 (Address) 46 bo Ca Cal Ble
OF FATHER	*State the Disease Causing Death, or, In deaths from
OF FATHER (State or country) Germany.	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lukuwu	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER Termany.	At place of death
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of dea.h?
(Informant) Mrs Katherine Hoy.	usual res.dence
1/5 A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 45-2 mind due	Indianopolis and Oct 1, 19 3
15 Filed Selet 30 130 3 B. C. Perry, M. V	20 UNDERTAKER
Registrai	Clums K. Speare 1623- Coma
If more b.anks are needed, addre.s Ltate Negistre	ar, 16 W. Saratoga St., Bako., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Nanager," "Dealsary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); yinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal of Homicidal, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "E.haustion," "Heart failure," "Haemorraage, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as or intercurrent) affection need not be Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart Nomenclature Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.